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**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Ways and Means
Tuesday, February 22, 2022
10:00 a.m.
Via Videoconference**

**On the following measure:
S.B. 2917, S.D. 1, RELATING TO FAMILY PLANNING**

WRITTEN TESTIMONY ONLY

Chair Dela Cruz and Members of the Committee:

My name is Colin M. Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

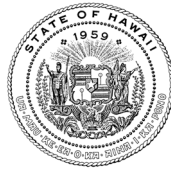
The purpose of this bill is to require oocyte cryopreservation to be covered by health insurance policies; remove the one-time benefit limitation for in vitro fertilization; and reduce the number of years of infertility before becoming eligible for in vitro fertilization from five to two years.

We note that it is unclear whether the amendments in sections 2 and 3 of this bill, which would require health plans to provide benefits for oocyte cryopreservation, and the amendments in sections 4 and 5 of this bill, which change the scope of Hawaii Revised Statutes §§ 431:10A-116.5 and 432:1-604, would be construed as "in addition to the essential health benefits" within the meaning of 45 Code of Federal Regulations

(CFR) § 155.170(a) or subject to defrayment provisions under 45 CFR § 155.170(b), which apply to benefits “in addition to the essential health benefits.”

For the Committee’s information, Hawaii Revised Statutes section 23-51 provides, in part, that “[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, [sic] can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report[.]”

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

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DONNA A. TONAKI

WRITTEN ONLY

TESTIMONY BY DEREK MIZUNO
ADMINISTRATOR, HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE SENATE COMMITTEE ON WAYS AND MEANS
ON SENATE BILL NO. 2917 S.D. 1

February 22, 2022
10:00 a.m.
Conference Room 211 & Via Videoconference

RELATING TO FAMILY PLANNING

Chair Dela Cruz, Vice Chair Keith-Agaran, and Members of the Committee:

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Board of Trustees has not taken a position on this bill. EUTF staff would like to provide information and comments. The purpose and intent of this bill is to:

1. Require oocyte cryopreservation to be covered by health insurance policies,
2. Remove the one-time benefit limitation for in vitro fertilization, and
3. Reduce the number of years of infertility before becoming eligible for in vitro fertilization from five years to two years.

The estimated additional annual claims to the EUTF medical plans are \$5.5 million which primarily relate to the active employee plans.

Thank you for the opportunity to testify.



February 16, 2022

The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Senate Committee on Ways and Means

Re: SB 2917 SD1 – Relating to Family Planning

Dear Chair Dela Cruz, Vice Chair Keith-Agaran, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2917, SD1, which requires oocyte cryopreservation to be covered by health insurance policies. Removes one-time benefit limitation for in vitro fertilization. Reduces the number of years of infertility before becoming eligible for in vitro fertilization from five to two years.

At HMSA we provide in vitro fertilization benefits to our members, including qualifying women over 18 years of age regardless of their marital status. While HMSA appreciates the intent of this measure, we believe that as currently written this bill would create new mandated benefits and would increase costs for our members.

Therefore, we would like to respectfully request that should this bill move forward the State Auditor conduct an impact assessment report first pursuant to Section 23-51 and 23-52 of the Hawaii Revised Statutes.

Thank you for the opportunity to testify on this measure. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations



February 17, 2022

The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Senate Committee on Ways and Means

Senate Bill 2917 SD1 – Relating to Family Planning

Dear Chair Dela Cruz, Vice Chair Keith-Agaran, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to provide testimony on SB 2917 SD1. HAHP is a statewide partnership of Hawaii’s health plans and affiliated organizations to improve the health of Hawaii’s communities together. The vast majority of Hawaii residents receive their health coverage through a health plan associated with one of our organizations.

HAHP appreciates the intent of this measure and would like to respectfully request that the State Auditor first conduct an impact assessment report pursuant to HRS 23-51 and 23-52. The bill as currently written would create new mandated benefits that would increase costs for our members.

Thank you for allowing us to provide comments on SB 2917 SD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

hahp.org | 818 Keeaumoku St., Honolulu, HI 96814 | info@hahp.org

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan |
UHA Health Insurance | UnitedHealthcare

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
Senate Committee on Ways and Means
The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair

February 22, 2022
10:00 am
Videoconference

Re: SB 2917 SD1 Relating to Family Planning

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on the decision making of this bill to ensure access to affordable and comprehensive sexual and reproductive health care without discrimination.

Kaiser Permanente Hawaii would like to offer comments on SB 2917 SD1.

Kaiser Permanente supports the intent of this bill to ensure comprehensive quality coverage for sexual reproductive health care services, but requests that the legislative auditor conduct an impact assessment report, as statutorily required under Section 23-51 of the Hawaii Revised Statutes:

Before any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage.

If this bill moves forward, Kaiser Permanente requests an amendment to clarify the scope of duties and potential liability of the hospital/provider, i.e., excluding any services relating to cryopreservation storage, as well as the obligation of the patient, i.e., cryobank agreement:

(8) *Upon the completion of the oocyte retrieval benefit under this section:*

(1) The duties and obligations of the hospital, provider, and its medical staff or representatives, performing the covered cryopreservation procedure, is immediately discharged.

(2) The patient requesting the cryopreservation services shall execute an agreement with the selected cryobank for storage services, which may include amongst other things: transport (chain of custody) and storage procedures, withdrawal and consent to release to any other designated agent, storage fees, etc.

Other specific items that may also be included in the cryobank storage agreement are:

- Upon the patient's death, who has ownership rights of the cryopreserved material? Once the patient is deceased, who pays for the storage of the cryopreserved material?
- Can others, i.e. spouse, use the cryopreserved material posthumously? Who has legal decision-making authority as to the storage or disposal of the genetic material posthumously?

Thank you for the opportunity to comment.



February 21, 2022

Senator Donovan Dela Cruz
Senate Committee on Ways and Means

Re: S.B. 2917, SD1 RELATING TO FAMILY PLANNING

Hearing: Tuesday, February 22, 2022, 10:00 a.m. (videoconference)

Dear Chair Dela Cruz, Vice Chair Keith-Agaran and Members of the Committee on Ways and Means:

Hawaii Women Lawyers submits testimony **supporting the intent of S.B. 2917 SD1**. This measure requires oocyte cryopreservation to be covered by health insurance policies, removes one-time benefit limitation for in vitro fertilization, and reduces the number of years of infertility before becoming eligible for in vitro fertilization from five to two years.

The mission of Hawaii Women Lawyers is to improve the lives and careers of women in all aspects of the legal profession, influence the future of the legal profession, and enhance the status of women and promote equal opportunities for all.

Hawaii Women Lawyers supports this measure because it updates and enhances health insurance coverage for infertility procedures. Coverage for infertility treatment is an important benefit to many families, but because the treatment is very expensive, in many cases it is cost prohibitive to pursue. In addition, while there should be no difference in coverage for married and unmarried women, the current availability of IVF is limited to married women. This bill requires coverage of oocyte cryopreservation (i.e. egg freezing) in addition to other methods of embryo cryopreservation, allows for coverage of unmarried women, and adds coverage for more than one IVF treatment to ease the financial burden of undergoing these treatments.

This bill also addresses an important issue regarding the timing of the diagnosis of infertility and its impact on treatment. Under the current law, couples must be diagnosed as infertile for five years to received IVF coverage for services. Given that infertility is generally defined as failing to conceive within 12 months¹ and that time is of the essence when dealing with fertility issues, this five year waiting period does not

¹ See Centers for Disease Control on definition of infertility
<https://www.cdc.gov/reproductivehealth/infertility/index.htm>

make sense. S.B. 2917 SD1 addresses this issue by redefining infertility to align closer to medically accepted standards for the purposes of insurance coverage.

HWL would also note that, while this bill addresses IVF for unmarried women, it appears that the bill may exclude insurance coverage for same-sex couples as currently drafted. We would encourage the Legislature to review this issue to make sure that parity in coverage exists for all families.

We support the intent of S.B. 2917 SD1 and respectfully request that the Committee pass this measure to continue discussions on this important topic. Thank you for the opportunity to submit testimony on this bill.